

A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts http://ovha.vermont.gov/provider-services/provider-services

December 2007

To submit questions or suggest topics send an email to: OVHA-PH@ahs.state.vt.us

DIABETIC TESTING SUPPLIES

You may have heard that the Drug Utilization Review Board approved establishing a new managed category of "Diabetic Testing Supplies" at the November meeting. The preferred diabetic monitors/meters and test strips will be limited to those supplied by Abbott and Lifescan. The monitors/meters that will be preferred include Freestyle Lite® System Kit, Freestyle Flash® System Kit, Freestyle Freedom® System Kit, One Touch® Ultra 2 Kit, One Touch® Ultra Mini Kit, One Touch® Ultra Smart Kit and Precision Xtra® Meter. The preferred test strips will be those test strips used with the listed monitors/meters. All other brands of meters and test strips will be non-preferred.

While this change will not become effective until early February 2008 and the majority of Vermont Medicaid diabetic patients are already currently utilizing these brands, we expect that physicians may begin switching some patients to preferred brands in anticipation of the change. In addition, we would encourage you to recommend one of these brands to Vermont Medicaid patients who may be requesting your assistance in selecting a blood glucose monitor to limit the need to later switch to a different brand.

Next week you will be receiving a mailing that contains vendor coupons with direct billing options for these preferred meters. Please use these coupons for Vermont Medicaid members to ensure that our members have state of the art monitors at no cost to the member or the State.

It will be stressed to patients that they need to know the name of the new meter they are using so that they are sure to obtain the appropriate test strips. The pharmacy will be best positioned to help them with this if the patient obtains the meter at the pharmacy.

SUBOXONE®/SUBUTEX® PRIOR AUTHORIZATION

Effective December 10, 2007, Vermont Medicaid is requiring prior authorization for all patients prescribed Suboxone® (buprenorphine/naloxone) or Subutex® (buprenorphine) who have not received the medication in the past 30 days.

Prior authorization will only be granted for patients who have a diagnosis of opioid dependency as per the FDA approved indication. Prior authorization will not be granted for buprenorphine prescribed for pain control.

All prescribers will be required to be waivered (have an X-DEA license). Physician assistants and nurse practitioners may not prescribe buprenorphine for opioid addiction treatment as these practitioners are not included in the definition of "qualifying physicians" for the purposes of the Drug Addiction Treatment Act of 2000 (DATA 2000).

Lastly, due to reports of Subutex® (buprenorphine "mono" tablet) being diverted and abused, prior authorization will be granted for Subutex® only for pregnant women and patients with medical record documentation of naloxone intolerance.

